(b) A copy of the Corporate Plan-1985-2000, will be placed on the Table of the House shortly.

Concession to the Tourism Industry

538. SHRIMATI RATAN KUMARI:
DR. RATNAKAR PANDEY:

Will the Minister of TOURISM be pleased to state:

(a) whether Government propose to grant major concessions to the Tourism Industry in the near future to meet the target of doubling the number of visitors by the end of the plan; and

(b) if so, what are the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION AND THE MINISTER OF STATE OF THE MINISTRY OF TOURISM (SHRI JAGDISH TYTLER): (a) and (b) The Government keeps contantly reviewing the need for grant of concessions/incentives to promote tourism, keeping in view the latest trends in the world market To meet the target of Tourist arrivals, Government is already extending several incentives/concessions to hotel industry which include tax holiday, initial depreciation, extra depreciation, higer depreciation backward area subsiay, Institutional Loan, Foreign Exchange incentive quota, concessional customs duty on import of several items, exempption from MRTP ct. priortiy allotment of Telephone/ Telex etc. Travel Agents are also allowed to import office equipment and two cars in a year against their incentive quota of foreign exchange earnings. To promote mountaineering, winter and water sports, Government has agreed for concessional duty on import of equipment and accessories for this purpose.

Leprosy Cases

539. SHRI SHARAD YADAV:
SHRI VIRENDRA VERMA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the percentage of the leprosy cases reported annually as against the percentage of cured cases (till date) during the last three years,

(b) what are the main constraints in the implementation of the National Laprosy Eradication Programme stating the names of the States which have shown unsatisfacotry progress in this regard and the reasons there for?

(c) what is the role of the voluntary social organisations in the eradication of leprosy in the country stating the nature of Central assistance given to such organisations; and

(d) what is the strategy, if any drawn up by the Government to avoid lopsided development of health care system and to achieve better results?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Number of leprosy cases detected and discharged during last three years under National Leprosy Eradication Programme are as under:—

Year	No. of new cases detected	No. of cured cases	Percentage
1985-86	4,77,152	4,45,827	93·44%
1986-87	5,07,958	5,06,776	99 76%
1987-88 . . . . . (upto Aug. 87)	1,78,000	1,95,000	109 55%

(b) The Programme has been subjected to independent evaluation in collaboration with WHO and other international experts twice in 1986 and in 1987. The progress of implementation has been found satisfactory at the aggregate level and the reported data has been validated. Conclusions and recommendations of the 1987 evaluation indicating the good points and the constraints are placed at Statement (*See* below).

(c) About 100 Voluntary organisations are providing antileprosy services in the country. They are involved in providing service to the leprosy patients, training of leprosy workers, research, health education and rehabilitation activities. Some of the Voluntary Organisations are given grants on the prescribed pattern for carrying out Survey Education & Treatment activity under National Leprosy Eradication Programme in the areas where State health personnel are not posted.

(d) The National Leprosy Eradication Programme is aimed at the goal to achieve arrest of disease activity in all the known cases of leprosy by the turn of century. The strategy includes:

(i) Early detection of leprosy cases and their regular treatment with dapsone.

(ii) Extension of multidrug treatment to all the leprosy cases in a phased manner with the immediate target of covering 76 districts with prevalance rate of 10 and more per 1000 population by 1990 and the remaining 125 districts with a prevalance rate 5 to 9 by the year 1995;

(iii) Extension of multi-drug treatment with immediate effect in all the dapsone monotherapy districts to all dapsone refractory cases.

(iv) Extension of multi-drug treatment to 5 low endemic districts through primary health care staff.

(v) Stepping of health education activities to educate the patients, their families and the community involving all the available media.

(vi) Recognise and support Voluntary Organisations involved in leprosy eradication activities.

Statement

Report of Second Independent Evaluation of National Leprosy Eradication Programme 1987

Conclusions and Recommendations.

1. The case detection in leprosy should be further improved by:

(a) greater efforts on the part of supervisory staff at all levels to unearth missed cases;

(b) strengthening contact and school surveys;

(c) greater emphasis on active case detection in urban areas with support from medical profession and

(d) involvement of ANMs in case detection as in Karnataka State wherever possible.

2. While almost all the States overreached the target of case-detection and treatment, the discharge after treatment called for improvement in some States. A proportion of cases required to be removed from records on account of death, migration or arrest of disease.

3. The allotment of targets needed to be made more realistic; better and sensitive indicators of performance should be adopted.

4. Greater attention must be paid to retrieval of treatment defaulters specially in areas under dapsone monotherapy.

5. Data collection and reporting on relapse, reactions and dapsone refractory cases was poor and should receive much greater importance.

6. Untrained staff at all levels in sufficient numbers existed within the programme. This should be expeditiously trained. The availability of trained manpower for the programme can be by augmented:

(a) improving the existing training capacity utilization of the training centres;

(b) developing short-term 'Refresher Training' both for medical and non-medical workers; and

(c) stopping transfer of trained personnel working under ULEP at least for a period of 5 years after the are trained.

7. The available training capacity at the national level for all categories of personnel and the training requirements in the country should be examined and mechanism evolved to ensure utilization of surplus capacity.

8 In view of the workload a definite staffing pattern existed for all types of organisational structures under NLEP. It was a sad commentary that vacancies in large numbers existed against sanctioned posts for all staff categories in many of the States. These need to be filled at the earliest.

9 The laboratory services continued to be neglected. In view of the key role these services played in success of MDT, it is recommended that

(a) vacancies in lab|smear technicians should be filled up and the additional post of laboratory be sanctioned on top priority;

(b) crash training courses for existing untrained technicians should be organised;

(c) the quality of microscopes and reagents should be standardised;

(d) an extra microscope should be made available to each laboratory to ensure uninterrupted work in the event of break-down; and

(e) quality control must be improved through constant cross-checking.

10. To strengthen planning, execution & monitoring of programme activities in the high endemic states, there is need for creating an additional post of a Deputy| Asstt. Director to assist the State leprosy officer likewise the performance in a district depends on the status and leader ship provided by the district level officer; the status of District Leprosy Officer should conform to that of a District Health Officer/Chief Medical Officer| District Medical Officer of Health with commensurate powers.

11. The tendency to compile data only for onward transmission under the information system needs to be discouraged. Instead it should be critically analysed to improve performance. The performance assessment should be backed up by complete and meaningful feedback. Suitable incentives may be introduced, as in the state of Maharashtra, for good work.

12. The inadequacy of existing supportive supervision and guidance should be replaced by effective managerial support to all functional levels.

13. To strengthen rehabilitation of the handicapped, the RSUs should be made fully operational and supported, where necessary by the NLEP.

14. In view of the favourable impact discernible in the MDT districts, its expansion to other areas should be continued after due prior preparation. The practice of dispensing MDT without prior characterization of patients, as observed in some dapsone monotherapy districts in Karnataka State must be discontinued.

15. The impact of health education as evinced by greater disease awareness and increased self reporting within the community must be further augmented to cover pockets of urban areas still suffering from prejudice. There should be greater emphasis on imparting knowledge on leprosy to these people.

16. There is need for an independent organisation outside the programme for continuous monitoring and establishing epidemiological indices. It is recommended that the existing SSAUs may be increased and new SSAUs provided where necessary, to discharge these functions. Appointment of full time NLEP consultants also fortified this function.

Navodaya Vidyalayas in Andhra Pradesh

540. SHRI PRABHAKAR RAO KALVALA:

SHRI TALARI MANOHAR:

Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) the total number of Navodaya Vidyalayas already started and proposed to be set up in Andhra Pradesh during current financial year and in 1988-89 and the amount allocated for that purpose;

(b) whether there is any proposal to set up any Navodaya Vidyalayas in Tribal areas and Backward districts of Andhra Pradesh; and

(c) if so, the details of the proposal and the places selected to set up those Navodaya Vidyalayas in Andhra Pradesh and if not, the reasons therefor?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRIMATI KRISHNA SAHI): (a) Four Navodaya Vidyalayas have been sanctioned from 1986-87 and all these have started functioning. Twelve Navodaya Vidyalayas are sanctioned for 1987-88. Out of the target of seven Navodaya Vidyalayas to be established in 1988-89, three have been sanctioned so far. No State-wise allocation of funds is made for Navodaya Vidyalayas.

(b) and (c) The Navodaya Vidyalaya Scheme envisages establishment of, on an average, one Navodaya Vidyalaya in each district of the country during the Seventh Five Year Plan which includes Tribal and backward districts also.

Incentives to attract tourists

541. SHRI V. NARAYANASAMY:

SHRI K. VASUDEVA PANICKER:

Will the Minister of TOURISM be pleased to state:

(a) whether the Government propose to relax rules relating to Tourism to offer incentives to attract more tourists to India;

(b) if so, what are the attractive incentives to be offered by the Government of India to attract more foreign tourists to our country; and

(c) whether it is a fact that in the year 1987 there was huge rush from foreign countries to the tourist spots in India and if so, what was the total amount of foreign Exchange earned by Government of India in the last year?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION AND THE MINISTER OF STATE OF THE MINISTRY OF TOURISM (SHRI JAGDISH TYTLER): (a) and (b) In view of the comprehensive benefits from international tourism, Government have been taking measures to promote tourism to India. For this purpose Government have streamlined frontier formalities, relaxed entry regulations and undertaken a massive publicity campaign in important visitor source markets. Air India have added to their capacity and are offering excursion fares on a number of more popular tourist routes. In addition charters are being encouraged to operate to Delhi, Bombay, Calcutta, Madras, Goa, Trivandrum and Bangalore. This year some additional flights were operated to Srinagar. After the expansion of Bhubaneswar airstrip, charters would be permitted to land at Bhubaneswar also. Similarly capacity within the country by air, land surface has been augmented. Facilities at international airports have been improved. For tourist centres which do not have airshtrip even for small aircraft convenient connections by helicopters have been introduced. Government have also initiated steps to improve the quality of